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## BIB DATA SHEET

CONFIRMATION NO. 3729

<b>SERIAL NUMBER</b> 10/563,818	<b>FILING or 371(c) DATE</b> 01/06/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> 283148US0PCT	
<b>APPLICANTS</b> Koji Suematsu, Tokushima-shi, JAPAN; Kouichi Hasegawa, Tokushima, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/10722 07/28/2004 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-281937 07/29/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/03/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /TERESA E Acknowledged STRZELECKA/ Examiner's Signature	<input type="checkbox"/> Met after Allowance /TS/ Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C. 1940 DUKE STREET ALEXANDRIA, VA 22314 UNITED STATES					
<b>TITLE</b> Method of Judging Risk for Onset of Drug-Induced Granulocytopenia					
<b>FILING FEE RECEIVED</b> 1400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		